

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018743

Registration District No. 132 Primary Registration District No. _____ Registrar's No. 104 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 7 1962

1. PLACE OF DEATH
 a. COUNTY Grundy
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Laredo Length of stay in lb 28 years
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ✓ Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Grundy
 c. CITY OR TOWN Laredo Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) ✓ Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Edna Grace Clodfelter 4. DATE OF DEATH Month Day Year May 28 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Jan 5 1895 9. AGE (last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Mill Grove Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Nathan Vaughn 13b. MOTHER'S MAIDEN NAME Jennie Lowe 14. NAME OF HUSBAND OR WIFE Frank Clodfelter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Lewis Clodfelter Address 6047 34th Hickman

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cardio-Vascular - Renal Disease INTERVAL BETWEEN ONSET AND DEATH 2 Year
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1st 1960 to May 28th 1962 and last saw her/him live on May 25th 1962
 Death occurred at 9:25 p m on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Oliver F. Duffly (Degree or title) 22b. ADDRESS Newton Mo 22c. DATE STAMP May 28 1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5/31/1962 23c. NAME OF CEMETERY OR CREMATORY Laredo Cemetery 23d. LOCATION (City, town, or county) Laredo Mo

24. FUNERAL DIRECTOR Ed. Robertson ADDRESS Funeral Home Laredo 25. DATE RECD. BY LOCAL REG. 5/31/62 26. REGISTRAR'S SIGNATURE Helen Fair

VS 300 Rev. 4/59
 6400
 20400
 3
 4 1
 5 1
 6
 7 0
 8 0
 9442X
 10
 11
 12 70-0
 13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. M. Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.